

Testimony
Senate Public Safety and Transportation Subcommittee
Maryland Institute for Emergency Medical Services Systems
Robert. R. Bass, M.D., Executive Director
February 26, 2004

Good afternoon. Thank you for the opportunity to appear today to respond to any questions regarding MIEMSS FY 2005 budget request as well as any programmatic aspects of MIEMSS or the EMS system. I thank Gregory Potts for his work with the agency and his overview presented today as well as to Ed Quinn, our Budget Analyst.

As you are aware, MIEMSS' state funding is derived from the EMS Operations Fund, the fund supported by an \$11 per year registration fee surcharge that was initiated in Fiscal Year 1993. As directed by the Department of Budget and Management, the agency submitted a no-growth budget for FY 2005. In order to make up for mandated personnel increases due to scheduled increments and health insurance, MIEMSS pared other areas where we have been fortunate in recent years to receive federal support.

The budget presentation indicates a reduction in the budget of over \$750,000 from FY 2004 to 2005. This reduction is due to the timing of the federal grants. At the time the budget is submitted, in August, we are uncertain as to the level of federal funding that will be available a year to eighteen months later. MIEMSS is hopeful of at least maintaining the FY 2004 level of federal support in FY 2005. MIEMSS' responsibilities have grown since the events of September 11, 2001, and the agency has been able to meet these mandates in large part through this federal support and by shifting manpower and state funding within our budget and personnel structure.

Federal support has enhanced efforts initiated with state seed money. Two of the most important of these initiatives are the Facility Resource Emergency Database, FRED, and the Electronic Maryland Ambulance Information System, EMAIS. FRED allows MIEMSS to secure and share instantaneous information on resources available at any time including bed status, staffing, medications and other EMS resources available at the time of a mass casualty event. EMAIS will improve the quality of data and shorten the length of time it takes to evaluate data related to EMS response. This is particularly important in WMD bioterrorism events when it may be difficult, absent such data, to even determine that an event has occurred. Whereas paper reports took months to prepare, submit and input, with EMAIS data will be immediately available, and trends will be easier to detect.

Federal support has also helped augment our initial efforts to expand the availability of Automatic External Defibrillators throughout the state. With the

federal dollars, the availability of AEDS, particularly in rural regions of the state, has increased significantly and our public access to AED program has grown substantially.

Other federal grants have supported MIEMSS' efforts related to EMS program designed to address child safety and prevention and programs related to the evaluation and improvement of trauma assessment and triaging techniques.

MIEMSS has been active in a number of other important EMS issues over the past year. During the recent, severe flu season, hospital overcrowding approached record numbers in November, December and early January. MIEMSS, working in conjunction with the Department of Health and Mental Hygiene and local health departments, helped manage this crisis in order to most effectively utilize the state's medical resources through its Yellow Alert program. Through our CHATS (County Hospital Alert Tracking System) program, alert activity is maintained and shared so that EMS providers know where they can deliver their patients and be confident that patients will be cared for in the most expeditious manner.

MIEMSS continues to work with the stakeholders and partners to implement the Weapons of Mass Destruction Health and Medical Response Plan. MIEMSS is formalizing disaster preparedness and emergency management responsibilities with the establishment of the Emergency Operations Program. This unit will be directed by Mr. Clay Stamp, formerly director of Emergency Management at Ocean City. Other significant WMD activities include: participation in the Governor's Office of Homeland Security Program Review Committee, the DHMH Bioterrorism Advisory Committee, Washington Council of Governments committees, the Department of Health and Human Services Office of Emergency Response, committees on continuity of government and continuity of operations, and the public health working group.

A Legislative Task Force that was named after the 2003 session held hearings in the fall on the EMS system. The committee heard briefings on several topics, including Homeland Security, fire service needs, the R Adams Cowley Shock Trauma Center, EMS funding and private air ambulance issues. The Task Force released an interim report, "Joint Legislative Committee to Study and Make Recommendations about the Structure and Funding of the State's Emergency Medical Response System: 2003 Interim Report", on January 16th. The interim report provides background data on the statewide system and summarizes information presented at the hearings. Hearings will resume after this legislative session and a final report is due in December 2004.

MIEMSS and the EMS Board continue to work with private medical air transport companies on proposed regulations related to commercial services and interfacility transports. As has been reported before various forums, the Maryland State Police has continued to reduce its activity in interfacility

transports in favor of increased workloads related to its primary missions, i.e. scene rescues, law enforcement issues and homeland security. I expect these trends to continue and am hopeful that agreements will be reached with commercial providers over the next several months.

As noted in the Legislative Services' overview, the FY 2005 budget includes second-year funding of a three-year effort to upgrade EMS communications in Western Maryland. Upon completion of this program and projected FY 2007 funding for remaining portions of the lower Eastern Shore communications system, the entire state will have access to dedicated, centralized EMS communications as directed by the Legislature several years ago.

Lastly, regarding the DLS recommendation that an MFR performance standard be developed to measure and portray the state EMS system's success in meeting the "Golden Hour", MIEMSS will work with DBM to make this part of our MFR presentation.

Again, thank you for your time today. I will be pleased to entertain any questions you may have.

Testimony
House Committee on Appropriations
Subcommittee on Education and Economic Development
Maryland Institute for Emergency Medical Services Systems
Robert. R. Bass, M.D., Executive Director
March 4, 2004

Good afternoon. Thank you for the opportunity to appear today to respond to any questions regarding MIEMSS FY 2005 budget request as well as any programmatic aspects of MIEMSS or the EMS system. I thank Gregory Potts for his work with the agency and his overview presented today as well as to Ed Quinn, our Budget Analyst.

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